

EMS Training Course Application



All EMS course applicants must be 18 yrs old at the beginning of the course
 EMT-I & Paramedic course applicants must have 1-year experience as an EMT prior to beginning of course
 Applications MUST be received by DOH at least 2 weeks prior to the starting date

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Certification Code

1= First Responder
 2= EMT-Basic
 3= IV Technician
 4= Airway Technician
 5= IV/Airway Technician
 6= ILS Technician
 7= ILS/Airway Technician
 8= Paramedic

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Skill Code

1= PASG
 2= Automatic Defibrillation
 3= Manual Defibrillation
 4= IV Monitor/Maintenance
 5= PTL/Combitube
 6= Other _____

Training Agency _____

Class Location _____

Of Students _____ **Starting Date** - - **Ending Date** - -

Days of Week _____ **Times** _____

Senior EMS Instructor/Lead Instructor (provide one name only)

Name _____ EMS Registry # _____ Phone (____) _____

Mailing Address _____

SEI Candidate (if applicable)

Name _____ EMS Registry # _____ Phone (____) _____

Mailing Address _____

Training Physician

Name _____ Phone (____) _____

Mailing Address _____

Clinical/Field Rotation Training Provided at:

1. _____ 2. _____

Course Approval Recommendation Signatures

Training Agency Representative _____
 Printed Name Signature Date

Local EMS Council Chair _____
 Printed Name Signature Date

County Medical Program Director _____
 Printed Name Signature Date

For DOH Use Only

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Approved

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Disapproved

Course Number

ETRS Section _____

Signature

Date

Enclosure Required: All courses listed under **Certification Code** above require a Course Schedule.